

age group had positive imaging. 62% of patients imaged in this group underwent rotator cuff repair.

Conclusions: There is a high incidence of rotator cuff tears in patients over 55 years. Those aged 55–70 are most likely to undergo surgery, and we advocate early and routine imaging of these patients to expedite surgical repair. Those outwith this age group should be assessed clinically first as rate of positive findings and suitability for surgical intervention are low.

1272: TELEPHONE CLINIC FOLLOW-UP FOLLOWING CARPAL TUNNEL DECOMPRESSION: A 7-YEAR REVIEW OF SERVICE

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Introduction: With increasing pressure on provision in the NHS, there is a need for alternative methods of determining patient satisfactory following surgery and surgery outcome. We investigated the feasibility of using telephone clinics in routine follow-up following carpal tunnel decompression.

Methods: Senior author provided training in the natural history of recovery and potential complications. Between 2004–2011, patients undergoing primary CTD were offered telephone clinic follow-up post-surgery, with the option of decline in favour of a traditional outpatient clinic appointment. We assessed patient satisfaction and identified patients who required referral to hand therapy, or outpatient clinic. Also, a cost analysis was performed.

Results: Total 2529 patients entered into the study. 93% were satisfied with their treatment and follow-up process. 6% were dissatisfied and requested outpatient review. The reasons for consultation was altered sensation, no change in symptoms, scar tenderness, weakness, swelling, pain at base of thumb, and ulnar nerve dysesthesia. Cost analysis estimated a potential saving of £227,022 over the period when compared to standard outpatient consultation.

Conclusions: This model of follow-up benefits both patients and hospital. We recommend that patients undergoing similar minor hand surgery should use a telephone clinic follow-up.

1315: AIR TRAVEL WITH LIMBS IMMOBILISED IN CASTS

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Introduction: Following injury and immobilisation in a cast, patients often seek advice from clinicians on air travel. Our objectives were: Evaluation of current advice from airline carriers, survey of GPs on current advice given to patients, literature review on available evidence

Methods: Systematic search of current advice supplied by commercial airlines/tour operators. Survey of GPs on current advice being supplied to patients with casts.

Literature review on studies investigating complications of air travel with limbs immobilised in a cast.

Results: Out of 56 airlines/tour operators, 86% provided medical information to passengers on their websites. Of those, 34% provided advice for patients travelling with limbs immobilised in a cast. 84% specified limitations including a 24–48 hour limit from application of the cast. 22% of GPs had been asked for travel advice from patients with casts. 56% stated that they wouldn't give advice and would direct patients to their orthopaedic team/airline. 8% had issued a doctor's note to a patient confirming they are 'fit to fly'.

Conclusions: Airlines are providing conflicting medical advice, which does not always correspond with the best available evidence. Reliable studies of robust methodology are needed to address this. In their absence, the evidence linking compartment syndrome and air travel is circumstantial.

1324: DO ALLOGRAFTS HAVE A PLACE IN CONTEMPORARY PRIMARY ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION: AN ASSESSMENT OF LEVEL I AND II EVIDENCE PUBLISHED SINCE 2008

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Introduction: Allograft use remains controversial in anterior cruciate ligament reconstruction (ACLR). Most published evidence is level III/IV. Evidence-based medicine requires quality research. This paper assesses

recent level I/II literature to determine the role of allografts in primary ACLR when compared to the gold standard, autografts.

Methods: Title/abstract search of the MEDLINE, ScienceDirect and NHS evidence databases using: 'allograft AND autograft AND anterior cruciate'; 'allograft AND anterior cruciate'; 'allograft AND anterior cruciate AND systematic review'; 'allograft AND anterior cruciate AND meta-analysis'; 'allograft AND anterior cruciate AND reconstruction'. Inclusion criteria required English language and publication after 01/01/2008. Methodology and conflicts of interest were considered.

Results: Nine studies matched inclusion criteria and were accessible. Graft failure: Four studies reported significantly lower rates in autograft against irradiated allografts. Clinically stable knee: Two studies using irradiated allograft significantly favoured autograft in Lachman, pivot-shift and instrumented laxity tests. One study favoured allograft in instrumented laxity. Patient-subjective scores: No study demonstrated significant difference in Lysholm/Tegner scores between grafts. Morbidity and complications: No study conclusively demonstrated significant difference between groups.

Conclusions: Non-irradiated allograft appears to be a reasonable choice in ACLR in most patient groups, however the use of autograft remains the treatment of choice.

1328: SCAPHOID FRACTURE NON-UNION IN THE UK – CAN IT BE AVOIDED?

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Introduction: Scaphoid fracture non-union remains prevalent in young male working group requiring surgical intervention. A previous published study looked at factors contributing to the development of non-unions in a Canadian population. The same methodology was applied to a UK group to determine if similarities existed and whether early detection and management could be improved.

Methods: We performed a retrospective analysis of 70 consecutive patients who had open reduction and bone graft for established scaphoid non-unions. All cases were referred to a single Orthopaedic Hand Surgeon at a tertiary-care hospital from 2003–2013. Data was collected for demographic information, pattern of fracture and initial investigations and management.

Results: Two-thirds of non-unions sought medical advice for their initial injury, of which only 46% were diagnosed with a scaphoid fracture and received appropriate management. The remaining patients did not receive radiographic investigations or did not have an identifiable fracture on initial x-rays. In those who did not seek initial medical advice, 79% presented later as a new referral for pain and/or stiffness, and 21% presented following a re-injury.

Conclusions: Both clinician and patient factors contributed to scaphoid non-unions, and the high rates suggest a strong need for better patient and clinician education.

1389: SINGLE SURGEON SERIES OF SURGICALLY TREATED ACHILLES TENDINITIS IN A NON ATHLETIC POPULATION

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Introduction: Achilles tendinitis management continues to be challenging however sufficient published data are lacking in the literature about surgical outcomes in non-athletes. Our study is an attempt to demonstrate our experience in such a patient population.

Methods: Data was collected prospectively for 4 years (2008–2012) and analysed retrospectively. Patients completed the Victorian Institute of Sports Assessment Achilles questionnaire (VISA-A) score pre-operatively and were followed up at 6 months and 12 months.

Results: 40 patients (22 Males:18 Females) were included in the final analysis. Average age was 48 years. Average duration of symptoms was 23 months (range 2–72 months). 10 patients had tried injection therapies prior to surgery, whilst a majority (n=30) had tried physiotherapy prior to surgical treatment. Average pre-operative VISA-A score was 34% (Range 2–85%). 80% of patients (n=32 patients) had overall improvement in their VISA-A scores post-operatively. At 6 months, patients' VISA-A scores improved by a mean of 20% (p<0.001); and by a mean of 24% (p<0.001) at